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**Guest editorial**

# **Christian ethics - an irrelevance or the salvation of medicine?**

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The last forty years have seen a dramatic decline in Christian values both in medicine and in western society in general. The relentless march of secularism is destroying everything in its path, leaving those who remain overtly committed to Christian teachings marginalized and apparently ineffectual. This has happened precisely when moral issues resulting from the progress in medical biotechnology have begun to dominate the ethical agenda.

In part Christian apologists were slow to see the problem coming and ill-prepared to offer suitable guidance. One cringes at the memory of early television debates on the ethics of heart transplantation. The interpretation of Artificial Insemination by Donor (AID) as adultery by proxy was never likely to sound convincing. More recent concepts of personal identity (1) carry much more persuasive force. Responses to the death of Tony Bland seem conveniently to gloss over long-standing teachings within the Catholic Church about 'ordinary' and 'extraordinary' means (2) and about the circumstances in which it is permissible to withdraw treatment (3). The commitment of Stott (4) to the view that life begins at conception is understandable but many deeply committed to biblical teaching will find Berry's views (5) persuasive. They are equally likely to find Cook's book (6) posing more questions than answers. Similarly Geisler (7), whilst appearing to embrace new thinking, retreats to conservative positions when basic questions are raised. Christians are never likely to agree on all moral issues since the bible is silent on most current ethical problems. Why can we not be honest and share our differences more openly?

Much the greater part of the decline in Christian values in medicine is due to the crude utilitarianism which has launched itself upon medical ethics with cyclonic fury during the last forty years. 'Bioethics' has been created and a new caste of high priests, the moral philosophers, has attempted to control the medical profession by asserting that the traditional values by which its members have practised their craft since shortly after the time of Hippocrates are no longer relevant or rational. In short, the ethical practice of medicine must be relearned. 'The new

ethic of relative rather than absolute and equal values will ultimately prevail ... as [man seeks] to achieve his desired quality of life and living' (8). A majority of doctors have eliminated the prohibition on abortion from the Hippocratic Oath. The Appleton consensus (9) proposes that restrictions on euthanasia should follow it. Doctors have begun to worship at the shrines of these high priests, without looking behind the curtain at the hidden agenda. Maclean (10) has now set utilitarians a most exacting examination question. We look forward with great interest to marking their test papers.

Utilitarianism is always likely to have great appeal for doctors. Its emphasis on the relief of suffering and the pursuit of the greatest good for the greatest number commends itself to a profession committed to similar ideals. Most doctors are not well versed in moral reasoning and despite their critics (11) are not arrogant enough to believe that they have nothing to learn from the expertise of others. Yet there remains an uneasy feeling that the carefully argued theories of moral philosophers do not fit easily with everyday medical practice. Surely there must be some values, some basic assumptions that underpin these theories? Warnock (12) concluded that there were 'boundaries not to be crossed'. When Harris (13) can advance a justification for the taking of innocent life to serve the ends of medical science and can assert that Tony Bland died as a consequence of the House of Lords' judgement, which amounted to euthanasia, doctors are entitled to ask what moral basis underpins such conclusions. For Christians 'the biblical ethic must be concerned with motive even more than external action' (14).

John Stuart Mill asserted the 'golden rule' that the chief end of man is the pursuit of happiness (10). Christian catechisms assert that the chief end of man is to worship God and enjoy Him forever. Other religious faiths make similar claims. Utilitarians would claim that belief in God is itself irrational just as doctors sometimes assume that anyone not accepting their professional advice *must* be incompetent. Yet neither of these conclusions follows from the initial premiss. Let us - purely for the sake of discussion - assume that there is a God and that man has some relationship to Him. If that were true

the utilitarian position would have to be substantially modified. The whole currency of human happiness units would collapse in a worthless heap. Ethical debate would have to take account of God, eternity, innocent life as a unique God-given gift and the possibility that distress may have as much moral value as happiness. The very best verdict that man can achieve on whether God exists is 'not proven'. Neither can secular humanists claim a majority in their attempts to marginalize religious belief. Evidence suggests that even in western culture belief in God is stubbornly persistent. Each initial proposition is therefore an act of faith by its adherents and neither can claim superiority over the other. The claim of utilitarian philosophers to the moral high ground is just plain silly. As Maclean (10) points out, it ignores vast areas of human experience which are highly relevant to moral decisions. Medical ethics are the pursuit of 'ideals which hold up to us some highest good, some definition of perfection, and some promise of self realisation' (15). To reject the contribution of human intuition; to base moral reasoning on the strength of individual feelings (16); and to dismiss the contribution of human experience over many centuries as culturally induced, in favour of a dubious logic founded on a proposition which may not be true, hardly sounds like a totally rational way to pursue such ideals.

Our abandonment of Christian values seems to have been associated with the progressive decline of western culture. Johnson (17) has reviewed the lives of a number of philosophers in the last 200 years against the value systems they themselves urged upon others. His conclusions make far from comforting reading. In several European countries corruption in political life has brought social collapse and chaos. Our own government finds it necessary to remind us of the need for financial propriety and ethical values in the public service whilst little boys kill innocent toddlers and adults abuse children in ever more horrific ways. Perhaps the media have merely increased our awareness by bringing such incidents closer to our attention. If so, why should some universities claim that their students no longer share a basic set of ethical values on which their further education can be built?

There was a wide consensus within medicine about its ethical values as recently as thirty years ago. Contrary to what some would have us believe (18), Thomas Percival was by no means just concerned with matters of medical etiquette but with the relevant moral problems of his day including the flogging of prisoners (19) and responsibilities to society at large (20). He approached them with a profound belief in God. In America this wide consensus no longer exists (21) and a similar process may be occurring in the United Kingdom (22).

Hippocrates believed that doctors constituted a community with shared values pursuing a common

craft and committed to the pursuit of the highest standards. His ideas were adopted by the Christian Church and treasured in its institutions (23) during a period of cultural decline. Christian doctors, and their counterparts in other faiths, will certainly preserve those ideals during the present storm. They should not be vilified for doing so. It is at least debatable whether there will be a profession to which to return them if medicine continues to ignore the warning signs.

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